

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **35202**
4593

FILED NOV 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> TOWN <u>Kansas City</u>				c. LENGTH OF STAY (If this place) <u>2 da.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				e. CITY (If outside corporate limits, write RURAL and give township) OR <u>Mission</u> TOWN <u>Mission</u>			
				d. STREET ADDRESS <u>5616 Walmer Lane</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Louis</u>		b. (Middle) <u>John</u>		c. (Last) <u>Shebilsky</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>18,</u>		(Year) <u>1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 19, 1882</u>		9. AGE (In years last birthday) <u>70</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>railroad man</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John P. Shebilsky</u>		13b. MOTHER'S MAIDEN NAME <u>Paulina Augusta Maltz</u>		14. NAME OF HUSBAND OR WIFE <u>Mayme Shebilsky</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. R. H. Shelby, 1100 W. 110th St. K.C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis</u> ANTECEDENT CAUSES <u>Hypertension</u> Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN INTERVIEW AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 19, 1952</u> to <u>Oct. 18, 1952</u> ; that I last saw the deceased alive on <u>Oct. 18, 1952</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James R. McVay</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>814 Porter Bldg.</u>		23c. DATE SIGNED <u>10-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-21-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
25. DATE REC'D BY LOCAL REG. <u>10-21-52</u>		25a. REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25b. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCURE UND. CO. KANSAS CITY, MO.</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE-PLAINLY-USE UNFADING BLACK INK-MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.